



PATENT

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"Commissioner for Patents"
P.O. Box 1450
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on 3/31/06

Edward A. Squillante, Jr.
Reg. No. 38,319
Attorney for Applicant

3/31/06
Date of Signature

CASE #F6175(C)
UNUS #03-0241-UBNA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lehmburg et al.
Serial No.: 10/648,618
Filed: August 27, 2003
For: Infusion system for Enhanced Flavor Beverages

Group: 1761
Examiner: Anthony J. Weier
Englewood Cliffs, New Jersey 07632

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The Examiner has restricted claims 1-20 and has identified the following groups of claims in the detailed action:

- I. Group I, claims 1-18, drawn to a beverage precursor and tea beverage, classified in Class 426, subclass 597; and
- II. Group II, claims 19-20, drawn to a method of using the precursor, classified in Class 426, subclass 597.



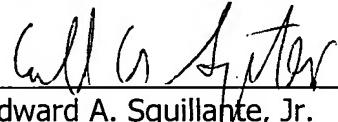
Case No. F6151(C)

Applicants elect, with traverse, to prosecute claims 1-18, identified as Group I.

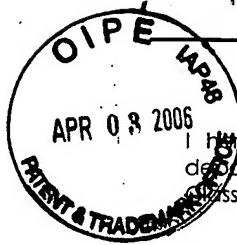
Applicants respectfully submit that all claims of record can be examined without serious burden to the Examiner; and therefore, the election is made with traverse.

In the event the Examiner has any questions, he may kindly contact the undersigned at his earliest convenience.

Respectfully submitted,


Edward A. Squillante, Jr.
Attorney for Applicant(s)
Reg. No. 38,319

EAS:pod
(201) 894-2925

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EDWARD A. SQUILLANTE, JR.
Reg. No. 38,319
Attorney for Applicant(s)

UNITED STATES DEPT. OF COMMERCE
Patent and Trademark Office

COMMISSIONER FOR PATENTS
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In re application of: Lehmburg et al.
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Englewood Cliffs, New Jersey 07632

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a response to the Restriction Requirement in the above-identified application.
 No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus			\$ 50.00	
Independent Claims		Minus			\$ 200.00	
Multiple Claims					\$ 360.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$

*If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

**If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.

Charge \$_____ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.
 The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under

- 37 C.F.R § 1.16;
 37 C.F.R. § 1.17;
 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

Edward A. Squillante, Jr.
Attorney of Record
Reg. #38,319